

GENERAL

EYE IRRIGATION

INDICATIONS

- Obvious non-penetrating foreign body
- Chemical exposure

CONTRAINDICATIONS

- Suspicion of penetrating foreign body

1. Assess the patient, treat ABC problems, obtain baseline vitals and consider transport plan based on general impression:
 - a. Have patient describe degree of visual changes.
2. Remove contact lenses if present.
3. Gather equipment: sterile water or normal saline solution, and sterile dressings.
4. Flood the eyes with solution from medial (nasal) corner of the eye to the lateral corner.
 - a. Pour water directly from sterile bottle.
 - b. If available, use IV fluid and tubing directing the end of IV tubing to the eye.
 - c. Use a nasal cannula to flush both eyes simultaneously by attaching to IV tubing and placing over the bridge of the nose so the prongs point to the medial corner of the eye.
5. If a single eye is affected avoid contamination of unaffected eye.
6. Continue flushing the patient's eyes until arrival at hospital or instructed to stop by medical control.
7. Protect the patient from becoming wet during the irrigation process.
8. After washing eye(s), cover both eyes with sterile moistened pads.
9. If the patient complains of renewed burning sensation or irritation continue irrigation.
10. Document the process in writing on the patient care report.
11. Reassess the patient, and provide an update to medical control.
12. Identify the substance in eye(s) or transport the label or container with the patient.

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.